EXHIBIT 1

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NEW JERSEY DEPARTMENT OF HEALTH

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20210060666

Also Known As (AKA), If Any (Firs	tti							LIMB
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							dl:	
Sex i 2 Bookel Sec	urity Number	T	a Age			5 Date of B	(Mo/Day/Yr)	
emale Birthplace (Cily & State/Foreign Co	sumfact.		82 Years	_		193	All Layer	
orange, New Jersey	iuntry)							
Residence-State	7b County Bergen			7c. Municip				
Street and Number	Corgen	7. 1	ro. Apt No.	ile.	71. Zip Code		7g. Inside City Li	mits?
5 Dwight Place I'lle	Total March Name	Ohe Main	8	On Mark Co	67631	- (Ta)	Yes	
Ever in US Armed Forces?	6b. If Yes, Name	, li	11,15	0. 1	ervice Dates (Fr			
Domestic Statushat Time of Death	1 1 10	Name of Survi	ving Spouse/Par	tner (Name	given at birth o	r an birth cen	tificate)	
Fatheria Name (First, Middle, Las		HATIK PTOTOLL	1000			48.	1	1
atelegia Name Pales in First Maria	door Cient Middle	(ten)						
Mother's Name Prior to First Mark losephine	lage (First, Middle,	Last)						
a Name of Informant Frank Proletti	light.		No.		4. 11		elationship to Dece	dent
Frank Project; 6. Malling Address (Street and Will 6. Dwight Place Apt 9: Englewood	Wher, City, State, Z.	p Code) 11th				Spo	use lin	
							0.19-36-36-0	1
Method of Disposition 15 F	riace of Disposition	(name or perme	sery, crematory,	omer)	16 Lo	cation-City 8	State/Foreign Cou	ntry
	ural Grove Cemet	ery			Total	owa Borough	ı, New Jersey	
Name and Complete Address of	Funeral Facility							
BARRETT LESER FUNERAL HO Electronic Signature of Funeral D		w, Tenatly, NJ	07670				119 NJ License Nu	mber
Steven P Hamersma				.00			23JP00377300	
Decadent Education	li.	9 Jan	21 Decedent	f Hispanic	Origin?	22. De	cedent Raice i	
Naster's degree (MAWIS, MEng,	Hard Motor House		11	156				
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		-	Not Spanish			WH	tell Hilli	
Occupation of Decedent (Type of Social Worker	work done most of	ine, even ii ret	s s	ocial work	siness/Industry dng		III	
Name and Address of Last Empl		N I 07033					DELL -	
Kearny School District, 172 Midi . Date Pronounced Dead (Mo/Day			erson Pronounci	na Deeth	_			_
DW27/2021	1.	Janet O		12	(1)			
Time Pronounced Dead (24-hip)	29 License N	umber , li				Date Signed	(Mo/Day/Yr)	-
1425	26NR16699		In Mar Mad	nel Francis	Table 1 1 Oct	3/2//2021	1, 4	-
Date of Death (Mo/Dely Yr)	32. Time of Deat	9h () ()	33, yvas megi	cal Examin	er Cohlacted?	34 PIB	e of Death	
09/27/2021	1425		No	",	N 1.7	Dece	dent's Home	
a Facility Name (If not institution,		nber)						4
45 DWIGHT PLACE APT. 8 ENG 5b Municipality	EWOOD, NJ	_		13	55c. County			
Englewood City					Bergen			
CAUSE OF DEATH: 36a PART	- IMMEDIATE CAU	JSE dinal dise	ase or condition	resulting in	death Subseq	uently list con	ditions, if any leadi utting in death :UAS	ng to the
mediale Cause	OTTENIO W. LINDS CA	O CHE LINE	DOMODE (diago	oc. of lines	ikiet iinbacoa ti	Interv	al Between Onset a	
pancreatic, cancer.	112		u shilli			801	reral months III	1
ue to (or as a consequence of)	, 187h		11 -941 11			11-10		
ue to (or as a consequence of):							THE REAL PROPERTY.	
as to for an a pro-				_				-
ue to for as a consequence off:	conditions contrib	uting to death b	unimot resulting in	1 3	7 Was an Auto	pay Performe	ed?	
5b. PART II - Enter other significan		61	201	3	No Neris Autopr	y Findings A	vailable to Complete	Cause of
	1		. 2.	13	Death?	y . manige	di l'unne.	
5b. PART II - Enter other significan	1		3	1,9	1000			
5b, PART II - Enter other significanderlying cause given in PART	1	11 41 P	sce of Injury /e a	ii	Not Applicab	restaurani)	и тте,	vork?
bb, PART II - Enter other significant addressing cause given in PARTI III	40. Time of injury (2	41.P	lace of Injury (e.g	ii	Not Applicab instruction site.	restaurant)	42. Injury at v	
5b, PART II - Enter other significanderlying cause given in PART	40. Time of injury (2	41.P	lace of Injury (e.g	ii	Not Applicab instruction site.	restaurant) County	и тте,	
bb, PART II - Enter other significant addressing cause given in PARTI III	40. Time of injury (2	41.P		ii	Not Applicab instruction site, 43c.	restaurant) County	42. Injury at v	
Bb. PART II - Enter other significant derlying cause given in PARTIII	40. Time of injury (2	43b		ii	Not Applicab instruction site, 43c.	restaurant) County	42. Injury at v	
Bb. PART II - Enter other significant anderlying cause given in PART III - Enter other significant and the property of the pro	40. Time of Injury (2 I Street, Zip Code)	43b (Municipality	home, co	Not. Applicab instruction site, 43c.	restaurant) County 45. If Transpo	42. Injury at v	
Bb. PART II - Enter other significant derlying cause given in PARTIII	40. Time of injury (2	43b (Municipality	. home, co	Not. Applicab instruction site, 43c.	restaurant) County 45. If Transpo	42. Injury at v	
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Bb. PART II - Enter other significant addressing cause given in PARTIII Be. Date of Injury (Mo/Dai/WH) Be. Location of Injury (Number and A. Describe How Injury Occurred B. Manner of Death	40. Time of injury (2 of Street, Zip Code) 47. Did Des Have Diab	43b	Municipality Id Tobacco Usa	Agyr Fe	Not. Applicab instruction site, 43c.	restaurant) County 45. If Transpo	42. Injury at v	
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DATE ISSUED: September 30, 2021

ISSUED BY:

New Jersey Department of Health, Office of Vital Statistics and Registry

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Vincent T. Arrisi

State Registrer

Office of Vital Statistics and Registry



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